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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
CASCADE HEMOPHILIA CONSORTIUM

Number and street (or P O. box number if mail is not delivered to street address) | Room/suite
210 E HURON STREET | C-2

City or town, state, and ZIP code
ANN ARBOR MI 48104

A **Employer identification number**
38-3199649

B Telephone number (see page 10 of the instructions)
734-996-3300

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ $ 0

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	150			
	2	Check ▶ ☒ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	40,994	40,994	40,994	
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns & allowances 20,445,873				
	b	Less: Cost of goods sold 18,107,623				
	c	Gross profit or (loss) (attach schedule) STMT 1	2,338,250		2,338,250	
	11	Other income (attach schedule) STMT 2	3,347		3,347	
	12	**Total.** Add lines 1 through 11	2,382,741	40,994	2,382,591	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	122,307			122,307
	14	Other employee salaries and wages	240,248			240,248
	15	Pension plans, employee benefits	59,077			59,077
	16a	Legal fees (attach schedule) SEE STMT 3	500			500
	b	Accounting fees (attach schedule) STMT 4	17,316			17,316
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see page 14 of the instructions)				
	19	Depreciation (attach schedule) and depletion STMT 5	1,240			
	20	Occupancy	35,520			35,520
	21	Travel, conferences, and meetings	12,766			12,766
	22	Printing and publications				
	23	Other expenses (att. sch) STMT 6	265,080			265,080
	24	**Total operating and administrative expenses.** Add lines 13 through 23	754,054	0		752,814
	25	Contributions, gifts, grants paid	2,065,642			2,066,067
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,819,696	0	0	2,818,881
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-436,955			
	b	**Net investment income** (if negative, enter -0-)		40,994		
	c	**Adjusted net income** (if negative, enter -0-)			2,382,591	

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Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	2,931,966	3,041,843	
	3 Accounts receivable ▶ 2,082,467			
	Less: allowance for doubtful accounts ▶	2,788,676	2,082,467	
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (att schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	1,978,596	2,393,481	
	9 Prepaid expenses and deferred charges	18,696	19,367	
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach sch) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 25,909			
	Less accumulated depreciation (attach sch) ▶ STMT 7 20,927	2,594	4,982	
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	7,720,528	7,542,140	0
Liabilities	17 Accounts payable and accrued expenses	764,655	1,023,720	
	18 Grants payable	585,685	585,187	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	1,350,340	1,608,907	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	6,370,188	5,933,233	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	6,370,188	5,933,233	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	7,720,528	7,542,140	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,370,188
2	Enter amount from Part I, line 27a	2	-436,955
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	5,933,233
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	5,933,233

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)
1a	N/A			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	20,557,821		
2007	17,934,235		
2006	19,717,725		
2005	22,000,173		
2004	14,840,101		

2	Total of line 1, column (d)	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	0
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	410
7	Add lines 5 and 6	7	410
8	Enter qualifying distributions from Part XII, line 4	8	20,829,969

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b		1	410
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3	Add lines 1 and 2		3	410
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	410
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 2,728		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	2,728
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	2,318
11	Enter the amount of line 10 to be: **Credited to 2010 estimated tax** ▶ 1,318 **Refunded** ▶		11	1,000

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ TIMOTHY BRENT Telephone no. ▶ 734-996-3300

Located at ▶ 210 E HURON STREET ANN ARBOR, MI ZIP+4 ▶ 48104

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see page 20 of the instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to.				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	☐ Yes	☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A			5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A			7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MIKE ALTESE 210 E. HURON ANN ARBOR MI 48103	PHARMACIST 40.00	102,000	17,925	0
STEPHANIE RAYMOND 210 E. HURON ANN ARBOR MI 48103	ASSOC. DIR 40.00	86,769	8,677	0

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 9	2,818,456
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes:			
a	Average monthly fair market value of securities		1a	0
b	Average of monthly cash balances		1b	3,062,182
c	Fair market value of all other assets (see page 24 of the instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	3,062,182
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	3,062,182
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) SEE STATEMENT 10		4	3,062,182
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	0
6	**Minimum investment return.** Enter 5% of line 5		6	0

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ [X] and do not complete this part)

1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2009 from Part VI, line 5	2a		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see page 25 of the instructions)		6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,818,881
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	18,011,088
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,829,969
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	410
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	20,829,559

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ $ _____				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶ N/A

b Check box to indicate whether the foundation is a private operating foundation described in section [X] 4942(j)(3) or [ ] 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	0				0
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	20,829,969	20,558,405	17,935,628	19,719,029	79,043,031
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	20,829,969	20,558,405	17,935,628	19,719,029	79,043,031
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter: (1) Value of all assets	7,522,773	7,701,832	7,558,475	8,023,127	30,806,207
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	7,522,773	7,701,832	7,558,475	8,023,127	30,806,207
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) N/A					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) N/A					
(3) Largest amount of support from an exempt organization N/A					
(4) Gross investment income N/A					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2))
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
Check here ▶ [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed
N/A

b The form in which applications should be submitted and information and materials they should include:
SEE ATTACHED "REQUEST FOR PROPOSALS"

c Any submission deadlines:
SEE ATTACHED "REQUEST FOR PROPOSALS"

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
SEE ATTACHED "REQUEST FOR PROPOSALS"

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year VAIOUS 210 E. HURON STREET ANN ARBOR MI 48104	ELIGIBLE NON-PR	SEE ATTACHED	SCHEDULE	2,066,067
Total ▶ 3a				2,066,067
b Approved for future payment VARIOUS 210 E. HURON STREET ANN ARBOR MI 48104	ELIGIBLE NON-PR	SEE ATTACHED	SCHEDULE	2,874,960
Total ▶ 3b				2,874,960

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue.					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	40,994	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					2,338,250
11 Other revenue: a					
b OTHER INCOME					3,347
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		40,994	2,341,597
13 **Total.** Add line 12, columns (b), (d), and (e)				13	2,382,591

(See worksheet in line 13 instructions on page 28 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)
10	SALE OF BLOOD PRODUCTS, HIV AND HEPATITIS C RELATED THERAPIES AND OTHER MEDICATIONS, AT REDUCED PRICES. CASCADE'S EXEMPT PURPOSE IS TO ENHANCE THE SYSTEM OF CARE FOR HEMOPHILIA PATIENTS BY PROVIDING THESE PRODUCTS.
11B	OTHER RELATED INCOME

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer or trustee: [signature] Date: 5/4/10 Title: EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: James N Bennett CPA Date: 5-12-10 Check if self-employed ☐ Preparer's identifying number (see Signature on page 30 of the instructions) P00447547

Firm's name (or yours if self-employed), address, and ZIP code: WEIDMAYER, SCHNEIDER, RAHAM & BENNETT, 635 SOUTH MAPLE P.O. BOX 2389, ANN ARBOR, MI 48106-2389 EIN ▶ 38-2172611 Phone no 734-662-2522

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 10c - Gross Sales less Cost of Goods Sold

Description	Gross Sales	COGS	Gross Profit
REDUCED PRICE FACTOR SALES	$ 20,445,873	$ 18,107,623	$ 2,338,250
TOTAL	$ 20,445,873	$ 18,107,623	$ 2,338,250

Federal Statements

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	$ 3,347	$	$ 3,347
TOTAL	$ 3,347	$ 0	$ 3,347

Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT LEGAL FEES	$ 500	$	$	$ 500
TOTAL	$ 500	$ 0	$ 0	$ 500

Statement 4 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	$ 17,316	$	$	$ 17,316
TOTAL	$ 17,316	$ 0	$ 0	$ 17,316

Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES	$	$	$	$
TOTAL	$ 0	$ 0	$ 0	$ 0

Federal Statements

Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL TAX	$	$	$	$
TOTAL	$ 0	$ 0	$ 0	$ 0

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
		$	$			$ 1,240	$	$
TOTAL		$ 0	$ 0			$ 1,240	$ 0	$ 0

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	$	$	$	$
EXPENSES				
INSURANCE	51,746			51,746
OFFICE EXPENSE	205,006			205,006
OTHER EXPENSES	8,328			8,328
TOTAL	$ 265,080	$ 0	$ 0	$ 265,080

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
EQUIPMENT	$ 2,594	$ 25,909	$ 20,927	$
TOTAL	$ 2,594	$ 25,909	$ 20,927	$ 0

Federal Statements

Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JANE DINNEN 210 E. HURON ANN ARBOR MI 48104	VICE PRES	1.00	0	0	0
JAMES MUNN, RN 210 E. HURON ANN ARBOR MI 48104	TREASURER	1.00	0	0	0
STEPHEN POKOJ, JD 210 E. HURON ANN ARBOR MI 48104	CHAIR	1.00	0	0	0
WILLIAM SPARROW 210 E. HURON ANN ARBOR MI 48104	EXEC DIR	40.00	111,692	11,169	0
TIMOTHY BRENT 210 E. HURON ANN ARBOR MI 48104	EXEC DIR	40.00	10,615	802	0
JUDITH ANDERSEN, MD 210 E. HURON ANN ARBOR MI 48104	DIRECTOR	1.00	0	0	0
IVAN HARNER 210 E. HURON ANN ARBOR MI 48104	DIRECTOR	1.00	0	0	0
HELEN LEVENSON, JD 210 E. HURON ANN ARBOR MI 48104	DIRECTOR	1.00	0	0	0
MICHAEL LUETTGEN 210 E. HURON ANN ARBOR MI 48108	DIRECTOR	1.00	0	0	0
MICHAEL MCGUIRE	DIRECTOR	1.00	0	0	0

Federal Statements

Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
210 E. HURON ANN ARBOR MI 48104					
GARY PRIESTAP 210 E. HURON ANN ARBOR MI 48104	DIRECTOR	1.00	0	0	0
LAUREN SHELLENBERGER 210 E. HURON ANN ARBOR MI 48104	DIRECTOR	1.00	0	0	0
PETER DEININGER 210 E. HURON ANN ARBOR MI 48104	DIRECTOR	1.00	0	0	0

Federal Statements

Statement 9 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description
MAKES PRODUCTS AVAILABLE TO HEMOPHILIA PATIENTS, ASSISTS PATIENTS WITHOUT ADEQUATE INSURANCE, WORKS WITH MANUFACTURERS TO OBTAIN DRUGS UNDER COMPASSIONATE USE POLICIES. ALSO ASSISTS PATIENTS WHEN THEY ARE UNABLE TO MAKE INSURANCE CO-PAYMENTS AND NO OTHER SOURCE OF FUNDS CAN BE LOCATED. CASCADE ALSO PROVIDES GRANTS TO OTHER ORGANIZATIONS TO PROVIDE MEDICAL CARE.

Federal Statements

Statement 10 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation

Description	Amount
BECAUSE OF THE IMMEDIATE NEED OF CLOTTING FACTOR AND OTHER MEDICAL SUPPLIES, IT IS NECESSARY FOR CASCADE TO RETAIN A SUFFICIENT AMOUNT OF CASH TO PURCHASE THESE SUPPLIES WHEN THEY BECOME AVAILABLE. PAYMENT MUST BE MADE IMMEDIATELY.	3,062,182
TOTAL	3,062,182

70620 Cascade Hemophilia Consortium
38-3199649
FYE: 12/31/2009

Federal Statements

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or $5,000

Name of Manager	Amount
NONE	$
TOTAL	$ 0

Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	Amount
NONE	$
TOTAL	$ 0

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description
SEE ATTACHED "REQUEST FOR PROPOSALS"

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description
SEE ATTACHED "REQUEST FOR PROPOSALS"

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description
SEE ATTACHED "REQUEST FOR PROPOSALS"

Cascade Hemophilia Consortium
FYE 12/31/2009 EIN: 38-3199649

Form 990-PF, Part XV, Line 3b, Grants and Contributions Approved for Future Payment (Page 1)

Name and Address	Purpose of Grant or Contribution	Amount
Children's Hospital of Michigan Hemostasis & Thrombosis Treatment Center 3901 Beaubien Blvd. Detroit, MI 48201	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$187,448 00
DeVos Children's Coagulation Disorder's Program 100 Michigan St., N.E., M.C. #85. Grand Rapids, MI 49503	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$155,102.00
Wayne State University Comprehensive Treatment Center for Bleeding Disorders and Thrombosis 4100 John R. Detroit, MI 48201	Support for medical services provided to persons with hemophilia and related bleeding disorders..	$224,371.14
Henry Ford Hospital Adult Hemophilia Treatment Center 2799 West Grand Boulevard K-13 Hem/Onc Detroit, MI 48202	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$129,105 06
Indiana Hemophilia and Thrombosis Center 8402 Harcourt Road, Suite 500 Indianapolis, IN 46260	Support for medical services provided to persons with hemophilia and related bleeding disorders	$166,981 00
Michigan State University MSU Center for Bleeding & Clotting Disorders 2900 Hannah Blvd., Suite 202 East Lansing, MI 48823	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$138,697 74

Cascade Hemophilia Consortium
FYE 12/31/2009 EIN: 38-3199649

Form 990-PF, Part XV, Line 3b, Grants and Contributions Approved for Future Payment (Page 2)

Name and Address	Purpose of Grant or Contribution	Amount
Hemophilia Treatment Center Hurley Medical Center One Hurley Plaza 6W Flint, Michigan 48503-5993	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$158,000.00
Hemophilia Treatment Center Munson Medical Center 1105 Sixth Street Traverse City, MI 49684	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$162,303 00
Northwest Ohio Hemophilia Treatment Center Center for Health Services 2150 W. Central Avenue Toledo, Ohio 43606	Support for medical services provided to persons with hemophilia and related bleeding disorders	$124,023.84
Ohio State University Hemophilia Center 320 West 10th Avenue – Room M414 Columbus, OH 43210	Support for medical services provided to persons with hemophilia and related bleeding disorders..	$171,423 62
Nationwide Children's Hospital Comprehensive Hemophilia Treatment Center 700 Children's Drive Columbus, Ohio 43205-2692	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$146,226 00
University of Cincinnati Adult Hemophilia Treatment Center 231 Albert Sabin Way ML 562 Cincinnati, OH 45267-0562	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$63,745 93

Cascade Hemophilia Consortium
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Form 990-PF, Part XV, Line 3b, Grants and Contributions Approved for Future Payment (Page 3)

Name and Address	Purpose of Grant or Contribution	Amount
University Hospitals of Cleveland Hemophilia Treatment Center Pediatric Hematology/Oncology, MS #6054 11100 Euclid Avenue Cleveland, Ohio 44106	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$143,900.00
Cincinnati Children's Hospital Medical Center Hemophilia and Thrombosis Center 3333 Burnet Avenue, M.L 7015 Cincinnati, Ohio 45229	Support for medical services provided to persons with hemophilia and related bleeding disorders	$124,795 07
University of Michigan Hemophilia Treatment Center F2480 Mott Hospital 1500 East Medical Center Drive Ann Arbor, Michigan 48109-0235	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$148,250 00
West Central Ohio Hemophilia Center The Children's Medical Center of Dayton One Children's Plaza Dayton, OH 45404-1815	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$141,200 00
Hemophilia Clinic Western Michigan Cancer Center 200 North Park Street Kalamazoo, Michigan 49007	Support for medical services provided to persons with hemophilia and related bleeding disorders	$60,000.00

Cascade Hemophilia Consortium
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Form 990-PF, Part XV, Line 3b, Grants and Contributions Approved for Future Payment (Page 4)

Name and Address	Purpose of Grant or Contribution	Amount
Akron Children's Hospital Hemostasis and Thrombosis Center One Perkins Square, 5th Floor Akron, Ohio 44308-1062	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$250,636 00
Hemophilia Foundation of Michigan 1921 W. Michigan Avenue Ypsilanti, MI 48197	Support for SpringFest, Camp Bold Eagle, NHF annual meeting, Eagle Expedition, and other Regional Core Services.	$60,000 00
Hemophilia of Indiana 5170 E. 65th St., Suite 106 Indianapolis, Indiana 46220	Support for annual meeting, Camp Brave Eagle, Doug Thompson Teen Leadership Program, Medical Assistance Fund, and Delta Dental Pilot project.	$50,000.00
Northern Ohio Hemophilia Foundation, Inc One Independence Place 4807 Rockside Road, Suite 380 Independence, OH 44131	Support for educational newsletter (printing, mailing, and postage costs)	$12,000.00
Southwestern Ohio Hemophilia Foundation 82 Elva Court Suite B Vandalia, Ohio 45377	Campership to Bold Eagle and transportation to camp	$6,000 00
Central Ohio Chapter of the National Hemophilia Foundation P. O. Box 345 Worthington, Ohio 43085-0345	Campership to Camp Bold Eagle, support for educational programming, and Medical needs fund	$12,000 00

Cascade Hemophilia Consortium
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Form 990-PF, Part XV, Line 3b, Grants and Contributions Approved for Future Payment (Page 5)

Name and Address	Purpose of Grant or Contribution	Amount
Northwest Ohio Hemophilia Foundation P. O. Box 12606 Toledo, Ohio 43606	Support for camp program, outreach to women with Bleeding disorders, and support to attend NHF meeting	$12,000.00
Tri-State Bleeding Disorder Foundation 635 W. Seventh Street, Suite 407 Cincinnati, OH 45203	Campership, assistance to attend NHF annual meeting, and support for medical needs fund	$12,000 00
Cascade Dental Grants (various payees)	Grants to support dental care for HTC patients in Michigan	$4,751.50
FAMOHIO, Inc. 2425 Roscoe Court Dublin, OH 43016	Lodging and meal support for FAMOHIO meeting.	$10,000 00

Total approved for future payment = $
Grants lapsed in 2009 = $
Net grants approved = $

Cascade Hemophilia Consortium
FYE 12/31/2009 EIN: 38-3199649

Form 990-PF, Part XV, Line 3a, Grants and Contributions Paid During the Year (Page 1)

Name and Address	Purpose of Grant or Contribution	Amount
Children's Hospital of Michigan Hemostasis & Thrombosis Treatment Center 3901 Beaubien Blvd. Detroit, MI 48201	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$103,181 98
DeVos Children's Coagulation Disorder's Program 100 Michigan St., N.E., M.C. #85. Grand Rapids, MI 49503	Support for medical services provided to persons with hemophilia and related bleeding disorders	$79,470 00
Henry Ford Hospital Adult Hemophilia Treatment Center 2799 West Grand Boulevard K-13 Hem/Onc Detroit, MI 48202	Support for medical services provided to persons with hemophilia and related bleeding disorders	$87,373 39
Indiana Hemophilia and Thrombosis Center 8402 Harcourt Road, Suite 500 Indianapolis, IN 46260	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$89,000.00
Michigan State University MSU Center for Bleeding & Clotting Disorders 2900 Hannah Blvd., Suite 202 East Lansing, MI 48823	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$117,550 63
Hemophilia Treatment Center Hurley Medical Center One Hurley Plaza 6W Flint, Michigan 48503-5993	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$80,500 00

Cascade Hemophilia Consortium
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Form 990-PF, Part XV, Line 3a, Grants and Contributions Paid During the Year (Page 2)

Name and Address	Purpose of Grant or Contribution	Amount
Hemophilia Treatment Center Munson Medical Center 1105 Sixth Street Traverse City, MI 49684	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$80,960 00
Northwest Ohio Hemophilia Treatment Center Center for Health Services 2150 W. Central Avenue Toledo, Ohio 43606	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$74,221.42
Ohio State University Hemophilia Center 320 West 10th Avenue – Room M414 Columbus, OH 43210	Support for medical services provided to persons with hemophilia and related bleeding disorders .	$77,609.38
Nationwide Children's Hospital Comprehensive Hemophilia Treatment Center 700 Children's Drive Columbus, Ohio 43205-2692	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$73,558 00
University of Cincinnati Adult Hemophilia Treatment Center 231 Albert Sabin Way ML 562 Cincinnati, OH 45267-0562	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$42,718 25

Cascade Hemophilia Consortium
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Form 990-PF, Part XV, Line 3a, Grants and Contributions Paid During the Year (Page 3)

Name and Address	Purpose of Grant or Contribution	Amount
University Hospitals of Cleveland Hemophilia Treatment Center Pediatric Hematology/Oncology, MS #6054 11100 Euclid Avenue Cleveland, Ohio 44106	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$99,591 68
Cincinnati Children's Hospital Medical Center Hemophilia and Thrombosis Center 3333 Burnet Avenue, M.L. 7015 Cincinnati, Ohio 45229	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$68,952 88
University of Michigan Hemophilia Treatment Center F2480 Mott Hospital 1500 East Medical Center Drive Ann Arbor, Michigan 48109-0235	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$75,377.00
West Central Ohio Hemophilia Center The Children's Medical Center of Dayton One Children's Plaza Dayton, OH 45404-1815	Support for medical services provided to persons with hemophilia and related bleeding disorders	$45,694 56
Hemophilia Clinic Western Michigan Cancer Center 200 North Park Street Kalamazoo, Michigan 49007	Support for medical services provided to persons with hemophilia and related bleeding disorders.	$6,971.38

Cascade Hemophilia Consortium
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Form 990-PF, Part XV, Line 3a, Grants and Contributions Paid During the Year (Page 4)

Name and Address	Purpose of Grant or Contribution	Amount
Akron Children's Hospital Hemostasis and Thrombosis Center One Perkins Square, 5th Floor Akron, Ohio 44308-1062	Support for medical services provided to persons with hemophilia and related bleeding disorders	$127,000 00
Detroit Receiving Hospital 3663 Woodward, 4th Floor Acctg. Detroit, Michigan 48201	Support for medical services provided to persons with hemophilia and related bleeding disorders	$112,014 80

Cascade Hemophilia Consortium
FYE 12/31/2009 EIN: 38-3199649

Form 990-PF, Part XV, Line 3a, Grants and Contributions Paid During the Year (Page 5)

Name and Address	Purpose of Grant or Contribution	Amount
Hemophilia Foundation of Michigan 1921 W. Michigan Avenue Ypsilanti, MI 48197	Support for SpringFest, Camp Bold Eagle, NHF annual meeting, Eagle Expedition, and other Regional Core Services	$527,164.35
Hemophilia of Indiana 5170 E. 65th St , Suite 106 Indianapolis, Indiana 46220	Support for annual meeting, Camp Brave Eagle, Doug Thompson Teen Leadership Program, Medical Assistance Fund, and Delta Dental Pilot project	$50,000 00
Northern Ohio Hemophilia Foundation, Inc. One Independence Place 4807 Rockside Road, Suite 380 Independence, OH 44131	Support for educational newsletter (printing, mailing, and postage costs)	$6,000 00
Southwestern Ohio Hemophilia Foundation 82 Elva Court Suite B Vandalia, Ohio 45377	Campership to Bold Eagle and transportation to camp.	$12,000 00
Central Ohio Chapter of the National Hemophilia Foundation P. O. Box 345 Worthington, Ohio 43085-0345	Campership to Camp Bold Eagle, support for educational programming, and Medical needs fund.	$4,855.78
Northwest Ohio Hemophilia Foundation P. O Box 12606 Toledo, Ohio 43606	Support for camp program, outreach to women with Bleeding disorders, and support to attend NHF meeting	$6,000 00

Cascade Hemophilia Consortium
FYE 12/31/2009 EIN: 38-3199649

Form 990-PF, Part XV, Line 3a, Grants and Contributions Paid During the Year (Page 6)

Name and Address	Purpose of Grant or Contribution	Amount
Tri-State Bleeding Disorder Foundation 635 W. Seventh Street, Suite 407 Cincinnati, OH 45203	Campership, assistance to attend NHF annual meeting, and support for medical needs fund.	$6,000 00
Cascade Dental Grants (various payees)	Grants to support dental care for HTC patients in Michigan	$2,302 00
FAMOHIO, Inc. 2425 Roscoe Court Dublin, OH 43016	Lodging and meal support for FAMOHIO meeting	$10,000

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Form **8868** (Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	CASCADE HEMOPHILIA CONSORTIUM	38-3199649
	Number, street, and room or suite no. If a P.O. box, see instructions. 210 E HURON STREET C-2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANN ARBOR MI 48104	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[X] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ TIMOTHY BRENT

Telephone No ▶ 734-996-3300 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ [X] calendar year 2009 or

▶ [ ] tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.